

PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, National Harm Reduction Coalition considers the following principles central to harm reduction practice:

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

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FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG

[f](https://www.facebook.com/HarmReductionCoalition) /HarmReductionCoalition [y](https://www.youtube.com/channel/UC6hU038t1p0Qz3k1g1g1g1g) /HarmReductionCoalition [t](https://twitter.com/harmreduction) @harmreduction [i](https://www.instagram.com/harmreduction) @harmreduction

**NATIONAL
HARM REDUCTION
COALITION**

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence



(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services



risk reduction:

Tools and services to reduce potential harm



The “risk itself (e.g. related to drug use or sex work) that you’re discussing

The “mindset” that someone brings to the situation, including thoughts, mood, and expectations



The physical and social environments of where the person is, and their perception of how that can promote/reduce risk

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

Case Study : Jessica

Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.